



Bib Data Sheet


UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office

 Address: COMMISSIONER OF PATENTS AND TRADEMARKS
 Washington, D.C. 20231

SERIAL NUMBER 09/190,887	FILING DATE 11/12/1998 RULE 1.47	CLASS 514	GROUP ART UNIT 1627	ATTORNEY DOCKET NO. ARC2589CIP1	
APPLICANTS MICHEL J. N. CORMIER, MOUNTAIN VIEW, CA ; SARA L. SENDELBECK, PALO ALTO, CA ; ANNA MUCHNIK, BELMONT, CA ; IRIS KA MAN LEUNG, CHESTERFIELD, MO ;					
** CONTINUING DATA ***** THIS APPLICATION IS A CIP OF 08/969,217 11/12/1997					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 11/30/1998 -					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
ADDRESS 22921					
TITLE BUFFERED DRUG FORMULATIONS FOR TRANSDERMAL ELECTROTRANSPORT DELIVERY					
FILING FEE RECEIVED 760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other - _____ <input type="checkbox"/> Credit		

SERIAL NUMBER 09/190,887	FILING DATE 11/12/98	CLASS 514	GROUP ART UNIT 1646	ATTORNEY DOCKET NO. ARC2589CIP1
-----------------------------	-------------------------	--------------	------------------------	------------------------------------

APPLICANT

MICHEL J. N. CORMIER, MOUNTAIN VIEW, CA; SARA L. SENDELBECK, PALO ALTO, CA; ANNA MUCHNIK, BELMONT, CA; IRIS KA MAN LEUNG, CHESTERFIELD, MO.

****CONTINUING DOMESTIC DATA*******

VERIFIED THIS APPLN IS A CIP OF 08/969,217 11/12/97

****371 (NAT'L STAGE) DATA*******

VERIFIED

****FOREIGN APPLICATIONS*******

VERIFIED

FOREIGN FILING LICENSE GRANTED 11/30/98

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS

D BYRON MILLER
ALZA CORPORATION
950 PAGE MILL ROAD
PALO ALTO CA 94303-0802

TITLE

BUFFERED DRUG FORMULATIONS FOR TRANSDERMAL ELECTROTRANSPORT DELIVERY

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------	---	---

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/190,887	11/12/98 RULE 47	514	1646	ARC2589CIP1

APPLICANT	MICHEL J. N. CORMIER, MOUNTAIN VIEW, CA; SARA L. SENDELBECK, PALO ALTO, CA; ANNA MUCHNIK, BELMONT, CA; IRIS KA MAN LEUNG, CHESTERFIELD, MO.
	CONTINUING DOMESTIC DATA*** VERIFIED THIS APPLN IS A CIP OF 08/969,217 11/12/97
	371 (NAT'L STAGE) DATA*** VERIFIED
	FOREIGN APPLICATIONS*** VERIFIED
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 11/30/98	

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged <u>Examiner's Initials</u> <u>Initials</u>					

ADDRESS	D BYRON MILLER ALZA CORPORATION 950 PAGE MILL ROAD PALO ALTO CA 94303-0802

TITLE	BUFFERED DRUG FORMULATIONS FOR TRANSDERMAL ELECTROTRANSPORT DELIVERY

FILING FEE RECEIVED \$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
----------------------------------	---	---